attract small attention. While most of the cases are of alcoholic origin, it is also due to other toxic agents, and mental symptoms at least closely resembling it may occur in various diseases. The differential diagnosis of the true disease from conditions more or less closely resembling it, is entered into quite at length by the authors, who discuss in this connection the mental symptoms of amnesia, confusion and disorientation as occurring in chronic alcoholism, primary mental confusion (Meynert's amentia), senile dementia, arteriosclerosis of the brain, the apoplexies, brain tumors, cerebral syphilis, general paresis, and hemorrhagic encephalitis. A complete bibliography is appended.

(Vol. 8, 1903, No. 24.)

1. Concerning the Pathological Anatomy of General Paresis. A. MAHAIM.

1. *Concerning the Pathological Anatomy of General Paresis.*—The author defends himself from the criticisms of Debray in Vol. VIII, No. 20, of this journal, denying that he ever stated that it was impossible to admit that the cellular lesions are the primitive ones in general paresis. With regard to perivascular infiltration, he still thinks it characteristic of general paresis, though found occasionally in other mental diseases. In a total of 154 brain examinations among the insane, he has only found this change in two cases certainly not paretics, and in these cases there had pretty surely been syphilis.

ALLEN (Trenton).

NEUROLOGISCHES CENTRALBLATT

(Vol. 22, 1903, Sept. 1, No. 17.)

1. Concerning the Medullated Fiber Constituents of a Normal Brain and the Brain of a General Paretic. K. SCHAFFER.
2. Concerning the Anthropology of the Spinal Cord. H. PFISTER.

1. *Medullated Fiber Constituents of Normal and Paretic Brains.* In an extensive paper the author gives the results of a study of the medullated fibers of the cerebral cortex of a normal brain, and agrees with the findings of Kaes on the same subject. In the study of the brain of the general paralytic the medullated fibers of the following portions of the cortex were degenerated, the nasal frontal convolutions, the inferior parietal lobules, the frontal pole, the second temporal gyrus and the inferior half of the visula, while the rest of the brain seemed normal. In another case the author observed the degeneration was a diffuse one, and he concludes that the medullated fibers of the central cortex in general paralytics may in some cases be wholly or in part degenerated.

2. *The Anthropology of the Spinal Cord.*—Pfister made a series of observations in children on the relative weight of the spinal cord to the weight of the brain and the body, and the alterations during development. His conclusions are as follows: (1) The spinal cord of a boy is at all ages heavier and longer than that of a girl of corresponding age; (2) In relation to the brain the spinal cord of a boy is at birth lighter than that of a girl. In children of the same age and sex a heavy brain is always accompanied by a heavy spinal cord. During life the proportion of the weight of the spinal cord to the weight of the brain in both sexes varies in a similar manner. In the newborn the proportion is 1:100, while in the adult it is 1:50; (3) The spinal cord weighs at birth 3 to 34 gr., and increases in weight about eight times, especially during the first two years of life, the increase becoming less later on; (4) In the newborn 1 gr. of weight of spinal cord equals 14 cm. of body length. As age advances this proportion changes to 6.2 cm. of body length; (5) The aver-

age length of the spinal cord in the newborn is about 14 cm., and increases to about 45 cm. in the adult; (6) In the newborn the relative length of the spinal cord to the body length is about 29.5 per cent., but this falls to 25 or 26 per cent. at the end of the first year.

(Vol 22, 1903, Sept. 16, No. 18.)

1. On the Condition of the Muscle and Other Reflexes of the Face in Paralytic Dementia. W. V. BECHTEREW.
2. Concerning Some Supposed Toxic and Therapeutic Peculiarities of the Blood Serum of Epileptics. G. SALA and D. ROSSI.
3. The Higher Patellar Reflex and Its Meaning. L. STEMBO.

1. *Reflex of the Face in Paralytic Dementia.*—Bechterew in this article simply calls attention to the fact that the various muscle and nerve reflexes may be greatly exaggerated in paralytic dementia.

2. *The Blood Serum of Epileptics.*—The authors criticize Ceni's work and point out that his experiments were wrongly conducted, as the patients were under the influence of bromides immediately before and during the experiments, and that the serum treatment was not carried on long enough. The authors carried out their experiments with these errors in view. They obtained their blood serum from epileptics who had been for some time without medicinal treatment. The injections were made in the gluteal region. A record of the cases is given. Their conclusions are as follows: (1) The injection of the epileptic blood serum had no beneficial effect on the course of the disease. (2) There were no toxic or other symptoms noticeable. The symptoms subsequently yielded to the bromide treatment.

3. *Patellar Reflex.*—Stembo adds to the already large variety of reflexes by describing a reflex which seems to be nothing else but the patellar reflex in a middle form, obtained in the identical manner, and under the same pathological conditions.

(Vol. 22, 1903, Oct. 1, No. 19.)

1. A Contribution to the Study of the Course of Some Spinal Tracts. L. V. DYDNSKI.
2. Regarding the Corneo-Mandibular Reflex. J. KAPLAN.
3. Concerning Veronal. O. MATTHEY.

1. *Spinal Tracts.*—The case was one of transverse myelitis of the fifth and sixth dorsal segments, of five months' duration. A study was made by the Marchi method. Some of the results are as follows: (1) Some of the fibers of the posterior columns pass directly to the cerebellum through the restiform body. (2) Some fibers from the direct cerebellar tract end in the nuclei of the posterior tracts. These fibers seem to be fibers belonging to the posterior columns, which instead of passing upward in these tracts join the direct cerebellar tract directly from the posterior roots. (3) Gowers' tract is traced upwards. Some of the fibers end in the cells of the inferior olive, others join the restiform body. They terminate in different places, and are traced through the zones where some fibers decussate at the anterior medullary velum, while the direct fibers seem to join the median fillet and go to the thalamus Some of the fibers go to the posterior corpora quadrigemina, while others pass to the cerebellum by means of the middle cerebellar peduncles. (4) Some degenerated fibers in the ventral columns of the cord pass upward to the olives. These probably represent Helweg's bundle. (5) Below the seat of the lesion the comma tract was found to be degenerated; in the lumbar region the oval field of Flechsig, and in the sacral region the triangular field of Gombault and Philippe.

2. *Corneo-Mandibular Reflex.*—Kaplan criticizes Von Solder's interpretation of the reflex he described.

3. *Veronal.*—The author used veronal in a number of cases of mental irritability, and concludes that it is an excellent and a safe hypnotic and sedative. It should be given in doses of 5 g. at a time, and no more than 3 g. per day.

(Vol. 22, 1903, Oct. 16, No. 20.)

1. The Abductor Reflex. R. Schüller.
2. Contribution to the Knowledge of Circumscribed Cortical Lesions of the Motor Area in Human Beings. H. Levi.

1. *The Abductor Reflex.*—By tapping the condyle of the ext. femoris a contraction is obtained in the tendon or fascia lata, the gluteus medius, and sometimes in the anterior part of the gluteus maximus. Sometimes an abduction of the thigh is obtained. The author thinks this reflex has its center in the fourth, fifth lumbar, and first sacral segments.

2. *Cortical Lesions.*—The author records a very interesting case of a man 28 years old who was stabbed with a sharp knife 1.5 cm. broad, which penetrated 5 cm. into the head. The injury was in the upper motor region in the leg center, and the wound also involved the posterior central convolutions. Immediately after the injury the knife, which was still sticking in his head, was removed, when an immediate paralysis of the left arm was noticeable. The man did not lose consciousness at first, but became unconscious before he was operated upon. After operation the paralysis of the left arm persisted, and there was also beginning weakness in his left leg. The face was not involved. Spasm was soon noticed in the left leg. Examination some days afterward showed a spastic condition of the left arm and leg. All the reflexes were increased. Babinski's sign was present, atrophy became marked in both extremities, ataxia was present in both limbs, and there was diminution in the sense of touch and pain, besides a loss of the sense of position in the affected arm, and astereognosis. The paralysis gradually disappeared and the other symptoms improved. The author explains the paralysis of the arm, the sensory symptoms including the asteriognosis and ataxia by a subcortical destruction of associated fibers, but he does not attempt to explain the cause of the atrophy.

(Vol. 22, 1903, Nov. 1, No. 21.)

1. The Etiology and Symptomatology of the Intermittent Claudication. S. Goldflam.
2. The Silver Impregnation of Nerve Fibrils. M. Bielschowsky.
3. A Case of Syringomyelia with Cheiromegalia. A. Schittenhelm.

1. *Intermittent Claudication.*—Goldflam calls attention to the prevailing theories of this affection, these being principally hereditary. He quotes cases of his own where in one family two brothers had a general arteriosclerosis, the arteries of the lower limbs could not be felt. Both were diabetic and neurotic. A sister and the mother also had arteriosclerosis. He has still another such instance of a man who had myasthenic symptoms, and who also had a feeling of numbness in his lower limbs.

2. *Silver Impregnation of Nerve Fibrils.*—The author in a previous number of this journal described a new method of staining neuro-fibrils. This method he now modifies and considers better than the first. The article is such that it cannot be satisfactorily abstracted, and we refer to the original.

3. *Syringomyelia with Cheiromegalia.*—The author records a case of syringomyelia in a woman whose hands were considerably enlarged. The term cheiromegalia has been applied to this symptom by Hoffman and Marie. X-ray plates were taken in which it was shown that not only were the bones of the hand normal in size, but in some places they were atrophied, and the author concludes that the hypertrophy is due to the enlargement of the soft tissues.

(Vol. 22, 1903, Nov. 16, No. 22.)

1. Contribution to the Diagnostic Meaning of the Lid-Closing Reaction of the pupil. A. WESTPHAL.
2. On the Question of the Construction of the Nerve Cells (What Are the Nissl Corpuscles?) C. CHENZINSKI.
3. A Contribution to the Knowledge of the Brain of the Bat, Particularly of the Cortico-Motor Tract. L. MERZBACHER and W. SPIELMEYER.
4. A Case of Isolated Agraphia and Amnesic Inability to remember. W. ERBSLÖH.

1. *The Lid-Closing Pupil Reaction.*—Westphal records the case of a man 57 years old who fell on his head and showed symptoms of paraphasia. The left oculomotor nerve was paralyzed in some of its branches, the right was normal. The left pupil was enlarged and did not respond to light, but did not respond to the lid-closing reaction. The pupil became smaller and slowly returned to its normal size. This sign gradually disappeared as the light reaction returned. The author believes that the reaction is obtainable when there is the slightest disturbance of the light reaction, and is a valuable early sign, as in tabes or paresis.

2. *Nissl Corpuscles.*—In a very important contribution the author shows what the Nissl corpuscles are. Instead of making transverse sections of the cells of the anterior horns, he made longitudinal sections, both of the spinal cord of both man and animals. The cells of the ox were typical. Instead of seeing the usual chromophylic substances, these were distinguished by their absence. What seemed to be fibers stained blue (thionin stain) running longitudinally, some few crosswise, and others deviating from the nucleus were seen. These fibers were more numerous directly near the nucleus. The cells of man showed the same picture. Cross sections stained in the usual manner showed the same picture. The author concludes that the Nissl corpuscles are nothing but cross-sections of what might be called fibrils, which are normal constituents of the cell.

3. *The Cortico-Motor Tract of the Bat.*—The authors in studying the brain and cord of the *Vesperugo noctula* found a tract of fibers running from the pyramidal decussation below the facial nucleus, through the pons, passing near the anterior comissure to the corona radiata and the cortex. They think that it is either a cortico-bulbar tract without a spinal ending, or that there is besides the cortico-bulbar tract a cortico-spinal tract which has not been differentiated.

4. *Isolated Agraphia.*—The author records a case of a woman 63 years old, previously healthy, who without any signs of an attack found that she could not write. This was the only aphasic symptom she had, as she could talk well, see well and perform all functions. Her memory for recent events was poor. She could not write at dictation, but could copy readily. This disappeared in eight days, the mental symptoms lasting six weeks, then turning into depression. The author believes that the cause of the agraphia was the inability of the patient to recall optical memories, and was part of the psychical symptoms.

WEISENBURG (Philadelphia.)